

Nelson, Bettie L

From: Elves, Robert G.
Sent: Tuesday, August 17, 1999 10:03 AM
To: Nelson, Bettie L
Subject: FW: Cancer and Minorities Report

FYI – the following in regards to Surgeon General's report on similar topic

Robbie

Cancer and Minorities

Deaths from cancer have fallen in recent years, but they remain higher for some groups of people. African-American men are still more likely than white men to develop prostate cancer. Asian Americans are more likely develop stomach and liver cancer. The rate of cervical cancer is higher among Hispanic- and Vietnamese-American women, and poor whites have some of the highest cancer rates of all.

A better understanding of the reasons for these differences could help health officials improve cancer prevention strategies for all Americans.

The nation's leading funder of biomedical research, the National Institutes of Health (NIH), should expand its efforts to understand why poor Americans and some ethnic minorities are more likely to develop and die from certain types of cancer, says a new report from a committee of the Institute of Medicine. Current understanding of these differences is limited by constraints on funding for research, inadequate data collection, and lack of coordination among related research programs.

The National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results program provides the closest tool the nation has to a longitudinal national cancer database, but its usefulness for certain studies is hampered by the way data are gathered and minority groups are defined. Following federal guidelines, NCI places people into one of four racial categories — White, Black, Asian or Pacific Islander, or Native American — as well as two ethnic categories — Hispanic or Non-Hispanic. However, use of the term "race" is scientifically inaccurate, the committee said, because it implies that there is a biological difference among these

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population groups that does not exist. Also, there is a great deal of heterogeneity within so-called racial groups.

Classification should be done instead on the basis of ethnic background, to more accurately emphasize the fact that differences in cancer incidence and mortality may be the result of many factors, including cultural influences, behaviors, health attitudes, lifestyle patterns, and environmental living conditions. In addition, data collection should be expanded across a wider geographic range to include such groups as lower-income or poverty-level whites; Hispanic groups not currently in the database; African Americans living in Southern rural communities; and the culturally diverse American Indian populations.

NCI should improve its estimate of how much funding goes toward research related to minorities and cancer, the committee said, and NIH as a whole should establish a formal system of reporting to Congress and the public on cancer studies of ethnic minorities and medically underserved groups. The reports should include details on the number and type of research programs targeted to these groups, and the contributions of ethnic minority scientists and community groups to the research priority-setting process. At the same time, NCI should improve efforts to disseminate information about cancer to patients, clinicians, and others in ethnic minority and underserved populations, and create a system to assess effectiveness. Cancer survivors in ethnic minority groups should be tapped as resources for educating others in the community about cancer. — D.Q.

The Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Ethnic Minorities and the Medically Underserved.

<http://www.nap.edu/bookstore/isbn/0309071542pre.html> Committee on Cancer Research on Minorities and the Medically Underserved, Health Sciences Policy Program, Institute of Medicine (1999, 350 pp.; ISBN 0-309-07154-2; pre-publication copies available from National Academy Press, tel. 1-800-624-6242; \$44.95 plus \$4.50 shipping for single copies).

The committee was chaired by **Alfred Haynes**, former president and dean of the Dean Postgraduate Medical School, Los Angeles. The study was funded by the National Institutes of Health.